



PATIENT PRESENTING CLINICAL SIGNS

Ari Schmidt History: Bloody vomit first occurred 1 year ago and Ari had bloodwork and an abdominal ultrasound performed with the referring veterinarian, but no significant findings were noted. Bloody vomit occurred again approximately 4 months ago and on June 1/22, an abdominal U/S was performed which showed a cystic structure/maybe mass/maybe abscess associated with gallbladder or stomach or pancreas. Was recommended that a CT be performed. Currently Ari is vomiting every few days, but no blood since 4 months ago. Owners also noted that Ari is lethargic and less willing to play. Otherwise normal EDUD, except has been defecating in unusual areas. Owners noted that vomiting has been the same since 4 months ago. Recent blood work at RDVM February 2022 revealed normal CBC, T4, and Chem aside from an ALT increase of 209. CT performed of thorax and abdomen

Feline Abnormal PE/Chem/CBC/UA Results:

Siamese

SEX COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Spayed Female A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction of the are provided for review.

AGE COMPUTED TOMOGRAPHIC FINDINGS

14 Years **Thorax**

The bony and surrounding soft tissue structures are within normal limits.

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

HOSPITAL NAME Animal Health Partners

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

REFERRING VET Dr. Jeffrey Biskup

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

DATE 6/9/22



PATIENT Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Ari Schmidt

The adrenal glands are within normal limits for size, shape and organ architecture.

SPECIES Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Feline

BREED

Siamese

Marked dilation of the cystic duct of the gallbladder and the common bile duct is appreciated, presenting as tortuous tubular structure in the hilar region of the liver. The common bile duct is measuring up to 5.3 mm in diameter and can be followed up to the level of the major duodenal papilla. In the lumen of the cystic duct/transition to the common bile duct, a roundish, hyperattenuating body, measuring 6.0 mm in diameter is appreciated. The wall of the dilated cystic duct/common bile duct in the hilary region is mild to moderately thickened.

SEX

Spayed Female

The intrahepatic biliary vessels are mildly dilated – most accentuated in the hilar region of the liver. The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement. The pancreatic duct is mildly dilated, measuring 1.3 mm in diameter – considered as an age-related finding.

AGE

14 Years

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cholecystolithiasis with potential obstruction of the cystic duct/common bile duct
- Significant dilation of the cystic duct of the gallbladder and the common bile duct
- Normal thorax, no evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a solitary biliary calculus, lodged in the region of the transition between the cystic duct and common bile duct – likely causing intermittent obstruction as there is no elevation of bilirubin. The mural thickening of the bile ducts is most suggestive for secondary cholangitis. The finding is a potential explanation for the chronic intermittent clinical signs. Although neoplastic infiltration of the bile ducts is possible (e.g. cholangiocarcinoma), the odds are considered low.

REFERRING VET

Dr. Jeffrey Biskup

Surgical management is considered as the therapy of choice – will also allow sampling for histopathology to rule out neoplastic transformation.

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PATIENT

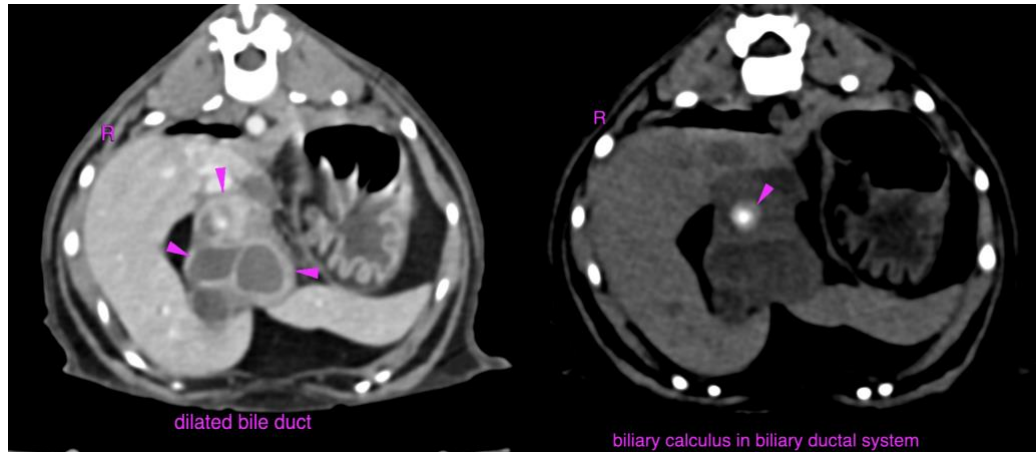
Ari Schmidt

SPECIES

Feline

BREED

Siamese



SEX

Spayed Female

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

14 Years

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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REFERRING VET

Dr. Jeffrey Biskup

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